

HX-25

Stmt Date 01/29/2020

Group Number

CLIENT INVOICE

Invoice No. 0000553843

Lb.No. 62897

Billing Period 03/01/2020

Jackson County Attn: Jennifer Huson 1001 Walnut St. Murphysboro, IL 62966

Please Pay Upon Receipt
Previous Balance

Previous Balance 0.00
Payment Received 0.00
Outstanding Balance \$0.00
Adjustments 557.00

Current month Activity _____
Total Amount Due

275,116.00 \$ 275,673.00

	Current Month		Adjustment		
Fee Summary	Number	Charge	Number	Charge	<u>Total</u>
Medical Admin	274	\$ 277,316.00	4	\$ 557.00	\$ 277,873.00
Other Charges:					
Credit December	1	(1,100.00)	0	0.00	(1,100.00)
Credit December	1	(1,100.00)	0	0.00	(1,100.00)
Other Charges Sub Total		(2,200.00)		0.00	(2,200.00)
Total		\$ 275,116.00		\$ 557.00	\$ 275,673.00

Please detach and return with payment





RETURN THIS PORTION WITH YOUR PAYMENT

Jackson County Attn:Jennifer Huson 1001 Walnut St. Murphysboro, IL 62966 Make check payable and mail to: Hope Trust 400 West Main Street PO Box 437 Havana, IL 62644-0437

Group Number HX-25

Billing Period 03/2020

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Please Pay Upon Receipt \$275,673.00